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**OCT 16 2007**

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) LeA 36499
Application Number: 10/775,888		Filed: 02/10/2004
For: Treatment of Bacterial Diseases of the Respiratory Organs		
Art Unit: 1617		Examiner: Wang, Shengjun

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	10/17/2007 <del>RECEIVED</del> 00000015 133372 10775888
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	01 FC:1255 \$ 2230.00 DA
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ 2160

☐ An extension of time for \_\_\_\_\_ months has previously been requested and paid for. Accordingly, the fee for this extension of time should be \$ \_\_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3372. A duplicate copy of this sheet is enclosed.

**Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number: 31018

☐ attorney or agent under 37 CFR 1.34. Registration No. if acting under 37 CFR 1.34: \_\_\_\_\_

Signature: William F. Gray Date: 16 Oct 2007

Typed Name: William F. Gray Telephone Number: (203) 812-2712

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

**CERTIFICATION OF MAILING OR TRANSMISSION UNDER 37 C.F.R. 1.8(a):** I hereby certify that this correspondence and any paper(s) referred to as attached is, on the date shown below, being facsimile transmitted to the USPTO or deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

16 Oct 2007 Date

William F. Gray  
Signature of person certifying / William F. Gray

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